

STRATEGIC FOCUS

Since 2002, Centers for Disease Control and Prevention (CDC) has been committed to supporting the Rwandan Ministry of Health (MOH) to strengthen its capacity to prevent and detect disease and to respond to public health threats through health workforce capacity building in the areas of prevention of mother-to-child HIV transmission (PMTCT), HIV testing and counseling, antiretroviral therapy (ART), tuberculosis (TB)/HIV integration, laboratory and blood safety, health informatics, surveillance, field epidemiology, and monitoring and evaluation.

Strengthening Clinical Services: CDC provides direct support and technical assistance (TA) to build expertise for MOH's facility-based clinical services in providing comprehensive, integrated clinical HIV prevention and treatment. CDC also supports the scale-up of "one-stop" TB/HIV integrated services offered at all 189 MOH Testing and Treatment Health Facilities.

Strengthening Laboratory Systems: CDC supports laboratory workforce development, laboratory infrastructure improvement including regular equipment maintenance, laboratory information, and specimen referral systems, \ implementation of laboratory quality management systems, and in the establishment of EQA programs and quality improvement initiatives. Support for disease surveillance includes HIV Recent infections. With this support, the National Reference Laboratory is working to meet international

Key Country Leadership

President:
Paul Kagame

Minister of Health:
Diane Gashumba

U.S. Ambassador:
Peter Vrooman

PEPFAR Coordinator:
Tracy Burns

CDC/DGHT Director:
Gene MacDonald

Country Quick Facts

Per Capita GNI:
\$700 (2016)

Population:
11.92 million (2016)

Under 5 Mortality:
39 / 1,000 live births
(2016)

Life Expectancy:
67 years (2016)

Global HIV/AIDS Epidemic

Estimated HIV Prevalence
(Ages 15-49): 3.1% (2016)

Estimated AIDS Deaths
(Age ≥15): 2,700 (2016)

Estimated Orphans Due to
AIDS: 83,000 (2016)

Reported Number
Receiving Antiretroviral
Therapy (ART) (Age ≥15):
170,000 (2016)

**Global Tuberculosis
(TB) Epidemic**

Estimated TB Incidence:
50/ 100,000 (2016)

TB patients with known
HIV-status who are HIV-
positive: 21% (2016)

TB Treatment Success
Rate: 87% (2015)

Country Staff: 44

Locally Employed Staff: 34
Direct Hires: 8
Contractors: 2
Fellow: 1

STRATEGIC FOCUS

Senegal's HIV epidemic is concentrated, with an HIV prevalence of less than < 1% in the general population but very high (up to 20%) among certain key populations such as female sex workers (FSWs) and men who have sex with men (MSM).

The Centers for Disease Control and Prevention (CDC) began working in Senegal in 2001, supporting the HIV/Sexually Transmitted Infection (STI) sentinel surveillance program. Since 2010, through the President's Emergency Plan for Aids Relief (PEPFAR), CDC has continued to support Senegal's Ministry of Health to build a sustainable and reliable national HIV surveillance system by developing a functioning HIV case reporting and surveillance system, supporting the collection of quality data on key populations such as female sex workers and men who have sex with men in high prevalence areas, and strengthening the quality of routine prevention of mother-to-child transmission (PMTCT) of HIV data and on-site HIV rapid testing.

CDC has also provided support in laboratory capacity building and the implementation of effective laboratory quality management system (QMS), including external quality assurance (EQA), to address existing challenges and gaps in HIV testing and ensure access to high quality HIV diagnostics, in particular for Early Infant Diagnosis (EID) and Viral Load (VL) testing.

KEY ACTIVITIES AND ACCOMPLISHMENTS

Strategic Information and Laboratory Systems Support

- Development, strengthening, and expansion of an HIV case reporting and surveillance system
- Implementation of sentinel surveillance surveys among pregnant women attending antenatal clinics (ANC) based on routine PMTCT program data
- Improvement of the quality of HIV rapid testing and program data collection practices in PMTCT sites for HIV surveillance needs
- Capacity building, training of staff, and development of standardized procedures to support the laboratory accreditation process
- Implementation of effective laboratory quality management system (QMS), including external quality assurance (EQA) to ensure access to high quality HIV diagnostics, in particular for EID and VL testing

Key Accomplishments

- Development of the first electronic HIV case reporting and surveillance system in the region
- Country transitioning to using routine PMTCT data for HIV surveillance needs
- AfriQualab – an HIV-related proficiency testing program available to Senegal and all African countries with an emphasis on francophone countries to support laboratories involved in a quality management process and accreditation or certification.
- International accreditation of the HIV reference Laboratory through Canada's Institute for Quality Management in Healthcare (IQMH). The HIV Reference Laboratory is the first public health laboratory in West Africa to achieve international accreditation.

Field Code Changed

President:
Macky Sall

Minister of Health:
Awa Marie Coll-Seck

U.S. Ambassador:
James P. Zumwalt

CDC/Country Director:
Michael Kinzer

[Country Quick Facts](#)

Per Capita GNI:
\$950 (2016)

Population:
15.4 million (2016)

Under 5 Mortality:
47 / 1,000 live births
(2016)

Life Expectancy:
67 years (2016)

[Global HIV/AIDS Epidemic](#)

Estimated HIV Prevalence
(Adults 15-49): 0.4% (2016)

Estimated People Living
with HIV (All Ages): 41,000
(2016)

Estimated AIDS Deaths
(Adults >15): 1,600 (2016)

Estimated Orphans Due to
AIDS: 27,000 (2016)

Reported Number
Receiving Antiretroviral
Therapy (ART) (All Ages):
21,000 (2016)

[Global Tuberculosis
\(TB\) Epidemic](#)

Estimated TB Incidence:
140 / 100,000 (2016)

TB patients with known
HIV-status who are HIV-
positive: 6% (2016)

TB Treatment Success Rate:
86% (2015)



July 2018 | The CDC Division of Global HIV & TB activities are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); non-HIV related TB activities are supported by non-PEPFAR funding

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CDC DIVISION OF GLOBAL HIV & TB COUNTRY PROFILE

al accreditation requirements and support the other laboratories in attaining local certification requirements. To enhance HIV program efficacy, CDC also supports strategies to reduce the turnaround time of core HIV test results, to increase usage of laboratory informatics by clinicians, and to improve the laboratory clinical interface.

Strengthening HIV Prevention Activities: CDC provides MOH with financial support and TA in PMTCT, HIV Testing and Counselling, and HIV prevention among Key and Priority Populations and Voluntary Male Medical Circumcision (VMMC).

Strengthening Health Information Systems and Surveillance: CDC supports MOH in the innovative use of electronic health information systems to support the prevention, detection, treatment, and reporting of HIV. Using data from multiple electronic systems, a case-based surveillance system with a national unique patient identifier is being developed to improve understanding of HIV transmission, program performance, and individual health outcomes.

Strengthening Science and Impact: CDC supports HIV surveillance surveys, program evaluations, and impact assessments. The focus is to strengthen the capacity of implementing partners to measure progress toward epidemic control, to assess impact, to use data for program improvement, and to maintain scientific integrity.

Enhancing Epidemiological Capacities: Through the Field Epidemiology Training Program (FETP), CDC has supported four cohorts for a total of 59 trainees in advanced FETP and over 430 frontline health workers in public health surveillance and emergency response. CDC also supports the MOH to develop a self-sustaining institutionalized capacity for competency building in epidemiology.

KEY ACTIVITIES AND ACCOMPLISHMENTS

Clinical Services: CDC has helped strengthen the scope, quality, and sustainability of ART services in Rwanda. Rwanda effected a national roll-out of Treat All and the new Differentiated Service Delivery Model (DSDM) for HIV treatment. In 2017, Rwanda implemented a monitoring and evaluation plan for DSDM to identify challenges and guide further programmatic changes and focus. In 2017, MOH also rolled-out index testing with partner notification to increase HIV case detection.

TB/HIV Treatment: PLHIV on ART are routinely screened for TB disease, and achieved 87% TB treatment success rate in 2015. All health facilities that offer TB services provide directly observed TB treatment (DOT).

PMTCT: In Fiscal Year (FY) 2017, 96% of health care facilities provided PMTCT services. Of pregnant women attending antenatal care, 99% accepted an HIV test (MOH National HIV Report 2017). HIV National Report shows the mother-to-child HIV transmission rate at 18 months continues to drop from 1.76% in 2016 to the current 1.51%. This is one of the lowest rates in Africa.

Laboratory Systems: Rwanda's National Center for Blood Transfusion was awarded the highest, level 3, international standards accreditation, and is now a regional center of excellence in blood banking providing technical expertise to centers throughout the region. Rwanda is recognized by PEPFAR with the best achievements in meeting needed viral load capability.

Key Populations Survey: In 2017, CDC is supporting size estimation surveys for both commercial sex workers and men who have sex with men (MSM). Results from these studies will have a major impact on the national testing strategies for both KPs.

